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RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2854

03500.015299

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
YOSHINOBU SHIRAIWA) : Examiner: Daniel J. Colilla
Appln. No.: 09/835,443) : Group Art Unit: 2854
Filed: April 17, 2001) :
For: PRINTING PAPER, PRINT FORMING) :
PROCESS AND PRINTING SYSTEM : September 13, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the final Office Action dated June 13, 2005, Applicant respectfully submits the following amendments and remarks.

09/14/2005 JADDO1 0000006 09835443

01 FC:1201

200.00 DP



ZJW
AF

In re Application of

Docket No. 03500.015299

YOSHINOBU SHIRAIWA

Application No.: 09/835,443

Examiner: Daniel J. Colilla

Filed: April 17, 2001

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PROCESS AND PRINTING SYSTEM

September 13, 2005

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

An additional fee is required.

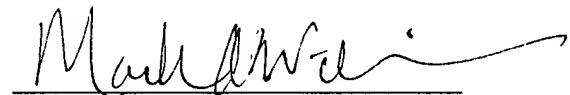
The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|---|---|-------|---------------------------------------|------------------|-----------------|-------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 8 | MINUS | 20 | 0 | x \$25 \$50 | 0 |
| INDEP. CLAIMS | 4 | MINUS | 3 | 1 | x\$100 \$200 | \$200.00 |
| Fee for Multiple Dependent claims \$180/\$360 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT— | | | | | | \$200.00 |

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$200.00 is enclosed.

- Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Mark A. Williamson
Attorney for Applicant
Registration No. 33,628

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